Commonwealth of Kentucky • Department of Insurance • 215 West Main Street • P.O. Box 517 • Frankfort, KY 40602 502-564-6082 • FAX 502-564-6072

WORKERS' COMPENSATION SELF-INSURED GROUPS ELECTION FORM FOR SAFEKEEPING OF SECURITIES

Pursuant to KRS 304.50-050(2)

	(Name of Fund)	
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ereby designates the		
5.55, 400ig.id.00 iiio	(Name of Bank)	_
(City & State)	to perform those safekeepir	ng duties relating
the security provided to t	he Department of Insurance und	ler workers' compensat
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